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|--|--|--|--|---|--|---|--|---|--|--|--|---|---|--|-------------|---|--|--|-------------|-------------|--|---|-----------------------------|-----------------------|-------------|---------------|--|---|--|--|--|------------|--|---|--|--|--|------------------------|--|--|--|--|--|---|--|-------------------------------|-----------------------------|--------------------------------|--|--|--|-------------|-------------|--|--|--|-------------|-------------|--|--|--|-------------|-------------|---|--|--|--|--|--|---|--|--|--|--|--|
| IN UNITED STATES   |  | <input type="checkbox"/> MAGISTRATE  | <input type="checkbox"/> DISTRICT  | <input type="checkbox"/> APPEALS COURT or | <input type="checkbox"/> OTHER PANEL (Specify below) |   |  |   |  |  |  |   |   |  |             |   |  |  |             |             |  |   |                             |                       |             |               |  |   |  |  |  |            |  |   |  |  |  |                        |  |  |  |  |  |   |  |                               |                             |                                |  |  |  |             |             |  |  |  |             |             |  |  |  |             |             |   |  |  |  |  |  |   |  |  |  |  |  |
| IN THE CASE OF <u>V.S.</u> <u>Richard Ramsey</u>   |  |  |  |   |  |   |  |   |  |  |  |   |   |  |             |   |  |  |             |             |  |   |                             |                       |             |               |  |   |  |  |  |            |  |   |  |  |  |                        |  |  |  |  |  |   |  |                               |                             |                                |  |  |  |             |             |  |  |  |             |             |  |  |  |             |             |   |  |  |  |  |  |   |  |  |  |  |  |
| FOR <u>Massachusetts</u>   |  | LOCATION NUMBER <u>Worcester</u>   |  |   |  |   |  |   |  |  |  |   |   |  |             |   |  |  |             |             |  |   |                             |                       |             |               |  |   |  |  |  |            |  |   |  |  |  |                        |  |  |  |  |  |   |  |                               |                             |                                |  |  |  |             |             |  |  |  |             |             |  |  |  |             |             |   |  |  |  |  |  |   |  |  |  |  |  |
| AT   |  |  |  |   |  |   |  |   |  |  |  |   |   |  |             |   |  |  |             |             |  |   |                             |                       |             |               |  |   |  |  |  |            |  |   |  |  |  |                        |  |  |  |  |  |   |  |                               |                             |                                |  |  |  |             |             |  |  |  |             |             |  |  |  |             |             |   |  |  |  |  |  |   |  |  |  |  |  |
| PERSON REPRESENTED (Show your full name) <u>Richard Ramsey</u>   |  |  |  |   |  |   |  |   |  |  |  |   |   |  |             |   |  |  |             |             |  |   |                             |                       |             |               |  |   |  |  |  |            |  |   |  |  |  |                        |  |  |  |  |  |   |  |                               |                             |                                |  |  |  |             |             |  |  |  |             |             |  |  |  |             |             |   |  |  |  |  |  |   |  |  |  |  |  |
| CHARGE/OFFENSE (describe if applicable & check box →) <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <u>(8 U.S.C. 844(e))</u>  |  |  |  |   |  |   |  |   |  |  |  |   |   |  |             |   |  |  |             |             |  |   |                             |                       |             |               |  |   |  |  |  |            |  |   |  |  |  |                        |  |  |  |  |  |   |  |                               |                             |                                |  |  |  |             |             |  |  |  |             |             |  |  |  |             |             |   |  |  |  |  |  |   |  |  |  |  |  |
| <table border="1"> <tr> <td><input checked="" type="checkbox"/> Defendant-Adult</td> </tr> <tr> <td><input type="checkbox"/> Defendant - Juvenile</td> </tr> <tr> <td><input type="checkbox"/> Appellant</td> </tr> <tr> <td><input type="checkbox"/> Probation Violator</td> </tr> <tr> <td><input type="checkbox"/> Parole Violator</td> </tr> <tr> <td><input type="checkbox"/> Habeas Petitioner</td> </tr> <tr> <td><input type="checkbox"/> 2255 Petitioner</td> </tr> <tr> <td><input type="checkbox"/> Material Witness</td> </tr> <tr> <td><input type="checkbox"/> Other (Specify) _____</td> </tr> </table>   |  |  |  |   |  | <input checked="" type="checkbox"/> Defendant-Adult   | <input type="checkbox"/> Defendant - Juvenile  | <input type="checkbox"/> Appellant                  | <input type="checkbox"/> Probation Violator  | <input type="checkbox"/> Parole Violator | <input type="checkbox"/> Habeas Petitioner | <input type="checkbox"/> 2255 Petitioner  | <input type="checkbox"/> Material Witness   | <input type="checkbox"/> Other (Specify) _____ |             |   |  |  |             |             |  |   |                             |                       |             |               |  |   |  |  |  |            |  |   |  |  |  |                        |  |  |  |  |  |   |  |                               |                             |                                |  |  |  |             |             |  |  |  |             |             |  |  |  |             |             |   |  |  |  |  |  |   |  |  |  |  |  |
| <input checked="" type="checkbox"/> Defendant-Adult  |  |  |  |   |  |   |  |   |  |  |  |   |   |  |             |   |  |  |             |             |  |   |                             |                       |             |               |  |   |  |  |  |            |  |   |  |  |  |                        |  |  |  |  |  |   |  |                               |                             |                                |  |  |  |             |             |  |  |  |             |             |  |  |  |             |             |   |  |  |  |  |  |   |  |  |  |  |  |
| <input type="checkbox"/> Defendant - Juvenile  |  |  |  |   |  |   |  |   |  |  |  |   |   |  |             |   |  |  |             |             |  |   |                             |                       |             |               |  |   |  |  |  |            |  |   |  |  |  |                        |  |  |  |  |  |   |  |                               |                             |                                |  |  |  |             |             |  |  |  |             |             |  |  |  |             |             |   |  |  |  |  |  |   |  |  |  |  |  |
| <input type="checkbox"/> Appellant   |  |  |  |   |  |   |  |   |  |  |  |   |   |  |             |   |  |  |             |             |  |   |                             |                       |             |               |  |   |  |  |  |            |  |   |  |  |  |                        |  |  |  |  |  |   |  |                               |                             |                                |  |  |  |             |             |  |  |  |             |             |  |  |  |             |             |   |  |  |  |  |  |   |  |  |  |  |  |
| <input type="checkbox"/> Probation Violator  |  |  |  |   |  |   |  |   |  |  |  |   |   |  |             |   |  |  |             |             |  |   |                             |                       |             |               |  |   |  |  |  |            |  |   |  |  |  |                        |  |  |  |  |  |   |  |                               |                             |                                |  |  |  |             |             |  |  |  |             |             |  |  |  |             |             |   |  |  |  |  |  |   |  |  |  |  |  |
| <input type="checkbox"/> Parole Violator   |  |  |  |   |  |   |  |   |  |  |  |   |   |  |             |   |  |  |             |             |  |   |                             |                       |             |               |  |   |  |  |  |            |  |   |  |  |  |                        |  |  |  |  |  |   |  |                               |                             |                                |  |  |  |             |             |  |  |  |             |             |  |  |  |             |             |   |  |  |  |  |  |   |  |  |  |  |  |
| <input type="checkbox"/> Habeas Petitioner   |  |  |  |   |  |   |  |   |  |  |  |   |   |  |             |   |  |  |             |             |  |   |                             |                       |             |               |  |   |  |  |  |            |  |   |  |  |  |                        |  |  |  |  |  |   |  |                               |                             |                                |  |  |  |             |             |  |  |  |             |             |  |  |  |             |             |   |  |  |  |  |  |   |  |  |  |  |  |
| <input type="checkbox"/> 2255 Petitioner   |  |  |  |   |  |   |  |   |  |  |  |   |   |  |             |   |  |  |             |             |  |   |                             |                       |             |               |  |   |  |  |  |            |  |   |  |  |  |                        |  |  |  |  |  |   |  |                               |                             |                                |  |  |  |             |             |  |  |  |             |             |  |  |  |             |             |   |  |  |  |  |  |   |  |  |  |  |  |
| <input type="checkbox"/> Material Witness  |  |  |  |   |  |   |  |   |  |  |  |   |   |  |             |   |  |  |             |             |  |   |                             |                       |             |               |  |   |  |  |  |            |  |   |  |  |  |                        |  |  |  |  |  |   |  |                               |                             |                                |  |  |  |             |             |  |  |  |             |             |  |  |  |             |             |   |  |  |  |  |  |   |  |  |  |  |  |
| <input type="checkbox"/> Other (Specify) _____   |  |  |  |   |  |   |  |   |  |  |  |   |   |  |             |   |  |  |             |             |  |   |                             |                       |             |               |  |   |  |  |  |            |  |   |  |  |  |                        |  |  |  |  |  |   |  |                               |                             |                                |  |  |  |             |             |  |  |  |             |             |  |  |  |             |             |   |  |  |  |  |  |   |  |  |  |  |  |
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| Magistrate <u>04-1681</u>  |  |  |  |   |  |   |  |   |  |  |  |   |   |  |             |   |  |  |             |             |  |   |                             |                       |             |               |  |   |  |  |  |            |  |   |  |  |  |                        |  |  |  |  |  |   |  |                               |                             |                                |  |  |  |             |             |  |  |  |             |             |  |  |  |             |             |   |  |  |  |  |  |   |  |  |  |  |  |
| District Court   |  |  |  |   |  |   |  |   |  |  |  |   |   |  |             |   |  |  |             |             |  |   |                             |                       |             |               |  |   |  |  |  |            |  |   |  |  |  |                        |  |  |  |  |  |   |  |                               |                             |                                |  |  |  |             |             |  |  |  |             |             |  |  |  |             |             |   |  |  |  |  |  |   |  |  |  |  |  |
| Court of Appeals   |  |  |  |   |  |   |  |   |  |  |  |   |   |  |             |   |  |  |             |             |  |   |                             |                       |             |               |  |   |  |  |  |            |  |   |  |  |  |                        |  |  |  |  |  |   |  |                               |                             |                                |  |  |  |             |             |  |  |  |             |             |  |  |  |             |             |   |  |  |  |  |  |   |  |  |  |  |  |
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| PROP-<br>ERTY  |  | Have you any cash on hand or money in savings or checking accounts? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$ <u>200.00</u>  |  |   |  |   |  |   |  |  |  |   |   |  |             |   |  |  |             |             |  |   |                             |                       |             |               |  |   |  |  |  |            |  |   |  |  |  |                        |  |  |  |  |  |   |  |                               |                             |                                |  |  |  |             |             |  |  |  |             |             |  |  |  |             |             |   |  |  |  |  |  |   |  |  |  |  |  |
| DEPENDENTS   |  | Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and<br>clothing)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |  |   |  |   |  |  |  |   |   |  |             |   |  |  |             |             |  |   |                             |                       |             |               |  |   |  |  |  |            |  |   |  |  |  |                        |  |  |  |  |  |   |  |                               |                             |                                |  |  |  |             |             |  |  |  |             |             |  |  |  |             |             |   |  |  |  |  |  |   |  |  |  |  |  |
| OBLIGATIONS &<br>DEBTS   |  | <table border="1"> <tr> <td>DEBTS &amp;<br/>MONTHLY<br/>BILLS<br/>(LIST ALL CREDITORS,<br/>INCLUDING BANKS,<br/>LOAN COMPANIES,<br/>CHARGE ACCOUNTS,<br/>ETC.)</td> <td>APARTMENT<br/>OR HOME:<br/><u>10 Church St. Leominster</u></td> <td>Creditors<br/><u>Utilities</u></td> <td>Total Debt<br/>\$ <u>750</u></td> <td>Monthly Paymt.<br/>\$ <u>40</u></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> </table> |  |   |  | DEBTS &<br>MONTHLY<br>BILLS<br>(LIST ALL CREDITORS,<br>INCLUDING BANKS,<br>LOAN COMPANIES,<br>CHARGE ACCOUNTS,<br>ETC.) | APARTMENT<br>OR HOME:<br><u>10 Church St. Leominster</u>   | Creditors<br><u>Utilities</u>                       | Total Debt<br>\$ <u>750</u>  | Monthly Paymt.<br>\$ <u>40</u>           |  |   |   | \$ <u>0</u>                                    | \$ <u>0</u> |   |  |  | \$ <u>0</u> | \$ <u>0</u> |  |   |                             | \$ <u>0</u>           | \$ <u>0</u> |               |  |   |  |  |  |            |  |   |  |  |  |                        |  |  |  |  |  |   |  |                               |                             |                                |  |  |  |             |             |  |  |  |             |             |  |  |  |             |             |   |  |  |  |  |  |   |  |  |  |  |  |
| DEBTS &<br>MONTHLY<br>BILLS<br>(LIST ALL CREDITORS,<br>INCLUDING BANKS,<br>LOAN COMPANIES,<br>CHARGE ACCOUNTS,<br>ETC.)  | APARTMENT<br>OR HOME:<br><u>10 Church St. Leominster</u>   | Creditors<br><u>Utilities</u>  | Total Debt<br>\$ <u>750</u>  | Monthly Paymt.<br>\$ <u>40</u>            |  |   |  |   |  |  |  |   |   |  |             |   |  |  |             |             |  |   |                             |                       |             |               |  |   |  |  |  |            |  |   |  |  |  |                        |  |  |  |  |  |   |  |                               |                             |                                |  |  |  |             |             |  |  |  |             |             |  |  |  |             |             |   |  |  |  |  |  |   |  |  |  |  |  |
|  |  |  | \$ <u>0</u>  | \$ <u>0</u>                               |  |   |  |   |  |  |  |   |   |  |             |   |  |  |             |             |  |   |                             |                       |             |               |  |   |  |  |  |            |  |   |  |  |  |                        |  |  |  |  |  |   |  |                               |                             |                                |  |  |  |             |             |  |  |  |             |             |  |  |  |             |             |   |  |  |  |  |  |   |  |  |  |  |  |
|  |  |  | \$ <u>0</u>  | \$ <u>0</u>                               |  |   |  |   |  |  |  |   |   |  |             |   |  |  |             |             |  |   |                             |                       |             |               |  |   |  |  |  |            |  |   |  |  |  |                        |  |  |  |  |  |   |  |                               |                             |                                |  |  |  |             |             |  |  |  |             |             |  |  |  |             |             |   |  |  |  |  |  |   |  |  |  |  |  |
|  |  |  | \$ <u>0</u>  | \$ <u>0</u>                               |  |   |  |   |  |  |  |   |   |  |             |   |  |  |             |             |  |   |                             |                       |             |               |  |   |  |  |  |            |  |   |  |  |  |                        |  |  |  |  |  |   |  |                               |                             |                                |  |  |  |             |             |  |  |  |             |             |  |  |  |             |             |   |  |  |  |  |  |   |  |  |  |  |  |
| I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) <u>Richard Ramsey</u>  |  |  |  |   |  |   |  |   |  |  |  |   |   |  |             |   |  |  |             |             |  |   |                             |                       |             |               |  |   |  |  |  |            |  |   |  |  |  |                        |  |  |  |  |  |   |  |                               |                             |                                |  |  |  |             |             |  |  |  |             |             |  |  |  |             |             |   |  |  |  |  |  |   |  |  |  |  |  |
| SIGNATURE OF DEFENDANT<br>(OR PERSON REPRESENTED) <u>Richard Ramsey</u>  |  |  |  |   |  |   |  |   |  |  |  |   |   |  |             |   |  |  |             |             |  |   |                             |                       |             |               |  |   |  |  |  |            |  |   |  |  |  |                        |  |  |  |  |  |   |  |                               |                             |                                |  |  |  |             |             |  |  |  |             |             |  |  |  |             |             |   |  |  |  |  |  |   |  |  |  |  |  |